

*The  
Acorn Hut  
Parent  
Handbook*

*Extended Day Program*

*River Oak Charter School  
555 Leslie Street  
Ukiah Ca. 95482*

*Office (707) 467-1855*

*Acorn Hut (707) 467-9372*

## ACORN HUT WEEKLY RHYTHM

### Monday and Tuesday

Crafts or gardening, we will be working on one of these activities on both days.

### Wednesday

Baking and drama day, we will have groups for each of 6-7 students. All of our baking will consist of healthy wholesome ingredients. We will try to have organic and seasonal ingredients for all of our snacks. Drama will be for students in grades first and up.

### Thursday and Friday

Woodshop with Mr. Cunnan with a group of 5-7 students. Woodshop will be for students in grades second and up, depending on experience and responsibility.

### Extra Daily

Outdoor games and activities, like ongoing projects, watering our gardens. On rainy days we will have indoor crafts and games. Students that have rain gear will be allowed to be outside supervised.

## ACORN HUT DAILY RHYTHM

### Kindergarten

1:00 Welcome children into rest time, singing their names softly. Children rest on mats. They have their own blanket, small pillow and a small stuffy. They look at picture books and listen to short stories being told to them.

2:30 Children get up from rest, pack up their rest gear and head outside. We take the children outside to play in the garden or woodchip/sandbox area.

3:30 Snack is served and children help clean up snack.

4:00 Homework time for children in the upper grades and children may participate in crafts, enrichment, organized games, or free play.

5:15 Clean up and prepare to go home.

5:30 All the children have been picked up and Acorn Hut is closing for the day.

### Grades

3:00 Welcome grades. Meet at picnic table so sign in.

3:30 Ring bell for snack, children are seated in the picnic tables or lawn for snack.

4:00 Children may participate in crafts, games or join homework club or help others with homework.

**ACORN HUT FEE SCHEDULE**

Grades 1<sup>st</sup>-8<sup>th</sup> hours 3:05-5:30 Kinder & Minimum Day 1:05-5:30

Contracted Rate Per Hour: \$3:75

Drop-In Rate Per Hour: \$5:00

Registration Fees are as follows:

First Child \$30

Second Child \$20

Third Child \$10

Other Fees:

ACORN HUT CLOSSES AT 5:30.

PICK-UP AFTER THIS TIME WILL

BE CHARGED \$1:00 PER MINUTE

FEES OVER 30 DAYS

**PAST DUE BILLS WILL INCUR AN**

**ADDITIONAL \$15 FEE and Return Checks \$25 FEE**

**DISCOUNTS:**

There is a sibling discount of 10% off of  
monthly contracted amounts. (No Drop-In's)

Please notify us of any changes to monthly contracts at least two weeks in advance, (field trips, vacations, job changes, etc.)

Note: If your child is using drop-in care at Acorn Hut, you must inform the teacher so (s)he knows that your child is to go there instead of waiting to be picked up.

ROPCS EXTENDED DAY CARE APPLICATION

CHILD'S NAME \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

List other siblings attending extended day care program

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Expected pick up times

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Drop-in basis only? \_\_\_\_\_ yes \_\_\_\_\_ no

Medical History:

List any allergies \_\_\_\_\_

List any chronic illness \_\_\_\_\_

List any medications your child is currently taking \_\_\_\_\_

Other special considerations \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ ID number \_\_\_\_\_

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Mailing address \_\_\_\_\_ Employer's name \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Mailing address \_\_\_\_\_ Employer's name \_\_\_\_\_

Responsible party \_\_\_\_\_

Please turn into Acorn Hut

Names of persons (other than parent or legal guardian) authorized to take child from the facility. Your child will not be allowed to leave with any person without written authorization from parent or guardian.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Additional persons to be contacted in emergency (in area)

Name	Address	Telephone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please tell us a little about your child and his/her interests to aid us in getting to know him/her:

Please turn into Acorn Hut

ACORN HUT EXTENDED DAY CARE PROGRAM AGREEMENT

PERMISSION FOR MEDICAL TREATMENT

In care of an accident or any emergency, I authorize a staff of the Acorn Hut program to take care of my child to the aforementioned physician or to the nearest emergency hospital for such emergency treatment and measures that are deemed necessary for the safety and protection of the child at my expense.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

DISCIPLINE AGREEMENT

I understand that River Oak Charter School discipline policy shall be in effect throughout the extended day care program. Any chronic unacceptable behavior by my child may result in removal from the extended day care program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT AGREEMENT

I understand that my obligation is to make monthly payments for the hours my child attends after care and to pay the annual registration fee and the beginning of the school year. See attached Acorn Hut Fee Schedule for more information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Change in Daycare Needed

I understand that I have contracted for the number of days for child care in this agreement. Should my need for child care change, I will notify Acorn Hut in writing and that this agreement must be made 10 days in advance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I affirm to the best of my knowledge and belief that the above statements are true. I will notify the agency within 10 days when there is any changes in my need. I understand that in the event of the denial of this application for services, I have the right to appeal.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION FEE PAID \$ \_\_\_\_\_ Registered by \_\_\_\_\_

*Please turn into Acorn Hut.*